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PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained an injury on X. X sustained an injury on the job that resulted in X. X was diagnosed with other X. On X, X, MD evaluated X for a X. X was requesting a X. X had X. X was X. X was X. X did use X. X was able to X. X did not use a X. X was not X. X was in X. On examination, X. X was X. The X was X. X was provided with a X. X had a X. Recent modifications were made to X. X wore X. A X was requested. On X, X, X documented a letter to show medical necessity for a X. X suffered an injury on the job that resulted in X. X was subsequently X. X had been using X. At the time, X had shrunk tremendously and X. The X had been modified several times to make it X. Despite that, X was X. In order to continue progressing and living X new normal life, X needed a X. The treatment to date included X. Per an Adverse Determination letter dated X, the request for X was denied by X, MD. Rationale: "This patient was previously fitted with X. Since that time, the patient has remained relatively active and attends the X. X has required modification of the X. The patient is now X. Given that the previously provided a X. However, the medical necessity of the X is not established. It is recommended that in the absence of the ability to modify this request without a peer to peer discussion, these requests can be submitted separately. Therefore, my recommendation is to NONCERTIFY the request for X." Per a Peer Review Report dated X by X, MD / reconsideration letter dated X, the request for X noncertified. Rationale: "A prior peer review recommended to non-certify the request for X. At that time, it was noted that while the patient appeared to be a candidate X was not medically appropriate. This remains relevant. No additional clinical information was submitted with this request to support a clinical rationale to overturn the previous denial. In the state of Texas, requests cannot be modified without a peer-to-peer discussion. Given that a peer-to-peer has not been completed in this regard, and because there is no clear clinical rationale for the replacement X, this request is not medically substantiated. It is again suggested that the requests be separated and resubmitted for X. Therefore, my recommendation is to NON-CERTIFY

the request for Appeal for a X.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

In review of the clinical findings, the claimant required a X. The claimant is noted to be X. There is evidence of X. A X would be reasonable in this case. However, there are no indications for the need of a X. Based on the findings, a X is reasonable and medically necessary. There is no clear need for the X.

Therefore, it is this reviewer’s medical assessment that medical necessity has been established for the X, therefore these items are overturned. The X is not medically necessary and upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES